



Future of Florida's Families Committee

**January 25, 2006
10:30 AM – 11:30 AM
12 House Office Building**

**Bill Galvano
Chair**

**Aaron Bean
Vice Chair**



Florida House of Representatives

Future of Florida's Families Committee

Bill Galvano
Chair

AGENDA

January 25, 2006
10:30 AM – 11:30 AM
12 HOB

Opening Remarks by Chair Galvano

Consideration of the following bill:

HB 527 – Suicide Prevention by Rep. H. Gibson

Closing Remarks by Chair Galvano

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 527 Suicide Prevention
SPONSOR(S): Gibson and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 1008

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Future of Florida's Families Committee		Preston <i>Cep</i>	Collins <i>BA</i>
2) Governmental Operations Committee			
3) Transportation & Economic Development Appropriations Committee			
4) Health & Families Council			
5) _____			

SUMMARY ANALYSIS

The bill creates the Statewide Office for Suicide Prevention in the Office of Drug Control within the Executive Office of the Governor and specifies duties for the office including:

- Developing a network of community-based programs to improve suicide prevention initiatives;
- Implementing the statewide plan prepared by the Suicide Prevention Coordinating Council;
- Increasing public awareness concerning topics relating to suicide prevention;
- Coordinating education and training curricula in suicide prevention efforts for professionals who may have contact with persons at risk of committing suicide; and
- Directing an interagency workgroup within the Suicide Prevention Coordinating Council.

Subject to a specific appropriation, the bill requires the director of the Office of Drug Control to employ a coordinator for the Statewide Office for Suicide Prevention and specifies the education, experience, and skills that are to be considered when hiring such coordinator. Duties of the coordinator include: facilitating an interagency workgroup, reviewing suicide prevention programs to identify innovative models, developing and maintaining an Internet website related to prevention, and assisting in the development of public awareness and media campaigns.

The bill also creates a Suicide Prevention Coordinating Council (coordinating council) of 25 members in the Office of Drug Control within the Executive Office of the Governor. The coordinating council is required, among other things, to create a statewide plan for suicide prevention and create a state interagency workgroup in order to incorporate state agency plans for suicide prevention into such statewide plan.

The bill specifies the membership, terms of office, and the duties of both the council and the workgroup. The coordinating council is to make findings and recommendations regarding suicide prevention programs and activities, and is required to report annually to the Governor and the Legislature.

The bill does not contain an appropriation to fund the required provisions.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government – The bill provides for one additional FTE: a coordinator for the Statewide Office for Suicide Prevention. The bill provides for no additional staff or no administrative support for the required work of the Statewide Office, the Coordinating Council, or the interagency workgroup so it is unclear who will provide that additional support. If those duties are to be assumed by existing staff within the Office of Drug Control, it will increase the work responsibilities of those individuals.

The bill creates a new coordinating council with 25 members. The bill requires state employees to serve on both the Coordinating Council and the interagency workgroup which adds to their work-related responsibilities. The bill also requires representatives from other entities such as the Florida Association of School Psychologists, the Alzheimer's Association, the state chapter of AARP, and the Florida Sheriffs Association to serve on the Coordinating Council.

B. EFFECT OF PROPOSED CHANGES:

The Problem –

Florida currently ranks 15th in the nation for the number of suicides. There were 2,294 suicides in the state during 2003, making it the ninth leading cause of death for the overall population. Suicide has been identified as the third leading cause of death for 15-24 year olds, the second leading cause of death for 25-34 year olds, and the fifth leading cause of death for 35-44 year olds.¹

While suicide is often characterized as a response to a single event or set of circumstances, suicide is, in fact, an outcome of complex interactions among neurobiological, genetic, psychological, social, cultural, and environmental risk and protective factors. It follows that development of a strategy related to prevention must bring together multiple disciplines and perspectives to create an integrated system of interventions across multiple levels, such as the family, the individual, schools, the community, and the health care system. The factors that contribute to any particular suicide are diverse, therefore it is generally believed that efforts related to prevention must incorporate multiple approaches.²

The Federal Response –

In 1996, the World Health Organization (WHO) recognized suicide as a growing, but preventable, worldwide public health problem by publishing guidelines related to prevention that led to the formation of an innovative public/private partnership. This partnership included a number of agencies within the United States Department of Health and Human Services³ and a public grassroots advocacy organization⁴ that came together to collaborate on the development of a national suicide prevention strategy for the United States.⁵ This collaboration ultimately resulted in the 11 goals of the National

¹ Florida Vital Statistics, Annual Report. 2003.

² U.S. Department of Health and Human Services. National Strategy for Suicide Prevention: Goals and Objectives for Action. 2001.

³ These offices were the Centers for Disease Control and Prevention, the National Institutes of Health, the Office of the Surgeon General, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, the Indian Health Service, and the National Institute of Mental Health.

⁴ The Suicide Prevention Advocacy Network (SPAN) is an organization dedicated to preventing suicide through public education and awareness, community action, and federal, state and local grassroots advocacy. It is the nation's only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide.

⁵ World Health Organization. (Prevention of suicide: guidelines for the formulation and implementation of national strategies). 1996.

Strategy for Suicide Prevention (NSSP). The NSSP laid out a framework for action to prevent suicide by proposing a coordinated public health approach to addressing the problem of suicide. It was anticipated that the NSSP would guide the nation's suicide prevention efforts for a decade after its inception.

More recently, the 2003 final report of the President's New Freedom Commission on Mental Health urged swift implementation and enhancement of the NSSP to serve as a blueprint for suicide prevention for communities and all levels of government.⁶

The Florida Response –

The Florida Youth Emotional Development and Suicide Prevention Act passed by the Legislature in 1984, declaring the prevention of suicide by youths to be a priority of the state, was considered landmark legislation. The legislation resulted in Florida being recognized nationally as one of a handful of states, who at the time, passed legislation that established a statewide program to promote positive development of youths and to prevent suicide through coordinated educational efforts at the state and local levels. As a result of the legislation, Florida's Department of Education, Department of Law Enforcement, and Department of Health and Rehabilitative Services (now the Department of Children and Families) worked together to develop ways to inform people about the problem of youth suicide and actions that should be taken to prevent suicides. All of the activities of these state agencies, and of the district and state task forces, including the development of a training guide, were accomplished by using existing resources and with the help of volunteers, including parent survivors of youth suicide.⁷

In 2000, Governor Jeb Bush directed the Florida Office of Drug Control⁸ to assist in decreasing the incidence of suicide in Florida. The director of the Florida Office of Drug Control convened a workgroup to begin establishing an infrastructure for a state suicide prevention task force, now called the Florida Task Force on Suicide Prevention. In August 2002, the Task Force released a Statewide Suicide Prevention Strategy paper to provide policy direction to Florida's state and community leaders in order to decrease the incidence of youth suicide in Florida. The paper contained three stated goals:

- To decrease the incidence of *suicide* in Florida by one third, from 13.64 per 100,000 in 1998 to approximately 9.0 per 100,000 in 2005;
- To decrease the incidence of *teen suicide* in Florida by one third, from 9.52 per 100,000 in 1998 to approximately 6.0 per 100,000 in 2005; and
- To decrease the incidence of *elder suicide* in Florida by one third, from 20.34 per 100,000 in 1998 to approximately 13.0 per 100,000 in 2005.⁹

The Bill –

The bill creates the Statewide Office for Suicide Prevention in the Office of Drug Control within the Executive Office of the Governor and specifies duties for the office including:

- Developing a network of community-based programs to improve suicide prevention initiatives;
- Implementing the statewide plan prepared by the Suicide Prevention Coordinating Council;
- Increasing public awareness concerning topics relating to suicide prevention;

⁶ President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*. Final Report. July 2003.

⁷ Florida Youth Suicide Prevention Study, Report to the Florida State Legislature. Louis de la Parte Florida Mental Health Institute, University of South Florida. 1999.

⁸ The Florida Office of Drug Control was created in 1999 within the Executive Office of the Governor (Chapter 99-187, Laws of Florida) to coordinate Florida's efforts related to the reduction of drug abuse and its consequences to the state. See section 397.332, Florida Statutes.

⁹ Florida Task Force on Suicide Prevention. *Preventing Suicide in Florida, A Strategy Paper*. Office of Drug Control, Executive Office of the Governor. 2002.

- Coordinating education and training curricula in suicide prevention efforts for professionals who may have contact with persons at risk of committing suicide; and
- Directing an interagency workgroup within the Suicide Prevention Coordinating Council.

Subject to a specific appropriation, the bill requires the director of the Office of Drug Control to employ a coordinator of the Statewide Office for Suicide Prevention and specifies the education, experience, and skills that are to be considered when hiring such coordinator. Duties of the coordinator include:

- Facilitating an interagency workgroup;
- Reviewing suicide prevention programs to identify innovative models;
- Developing and maintaining an Internet website related to prevention; and
- Assisting in the development of public awareness and media campaigns.

The bill also creates a Suicide Prevention Coordinating Council in the Office of Drug Control within the Executive Office of the Governor. The council is required, among other things, to create a statewide plan for suicide prevention and create a state interagency workgroup in order to incorporate state agency plans for suicide prevention into such statewide plan. The bill specifies the membership, terms of office, and the duties of both the council and the workgroup. The council is to make findings and recommendations regarding suicide prevention programs and activities, and is required to report annually to the Governor and the Legislature.

C. SECTION DIRECTORY:

Section 1. Creates section 397.3335, Florida Statutes, related to the Statewide Office for Suicide Prevention.

Section 2. Creates section 397.3336, Florida Statutes, related to the Suicide Prevention Coordinating Council.

Section 3. Provides for an effective date of July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill does not contain an appropriation to fund the required provisions.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

In a report of the Committee on Pathophysiology and Prevention of the Adolescent and Adult Suicide Board on Neuroscience and Behavioral Health, it was stated that the emotional cost of suicide is great and that for family and friends of suicide victims, the personal loss is most important. Nonetheless, there is an additional economic cost that society incurs with suicides that is made up of four factors:

- Medical expenses of emergency intervention and non-emergency treatment. These medical costs are not borne by the health care industry alone, but by all of society through higher health care costs that are ultimately passed on to workers and taxpayers;
- The lost and/or reduced productivity of people suffering from a suicide attempt;
- The lost productivity of the loved ones grieving a suicide; and
- Lost wages of those completing suicide.¹⁰

Estimates of the economic costs of suicide vary, but a reduction in the number of suicide attempts and completed suicides would result in a reduction in costs related to medical treatment and hospitalizations, costs related to disability, and lost earnings.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Chapter 20, Florida Statutes, provides for the organizational structure of the executive branch of state government and also provides a uniform nomenclature for entities within that branch. The Legislature is not bound by the definitions contained in that chapter and may create executive branch entities that do not conform to the standard; however, consistency with that uniform nomenclature provides for greater consistency across state government entities. Section 20.04, Florida Statutes, does not currently contain a general definition for "office," although there are a few departments that are explicitly created with offices.¹¹ Typically, such "offices" do not formally contain other "offices," but "units" or "sections." This bill creates an "office" (Statewide Office for Suicide Prevention) within an "office" (Office of Drug Control) within an "office" (the Executive Office of the Governor).

Current law defines the term "coordinating council" to mean an interdepartmental advisory body created by law to coordinate programs and activities for which one department has primary responsibility but in which one or more other departments have an interest.¹² The coordinating council created by the bill does not appear to meet that definition.

¹⁰ S. Goldsmith, T. Pellmar, et al. Reducing Suicide: A National Imperative. The National Academies Press. 2002.

¹¹ See, for example, s. 20.04(4)(5) and (6), Florida Statutes, where the Departments of Children and Family Services, Corrections and Transportation are specifically created to be outside of the uniform structure provided by chapter 20, Florida Statutes.

¹² See s. 20.03(9), Florida Statutes.

It is unclear how the network referenced on lines 34-46 differs from the network referred to on line 50.

All of the tasks required of the Statewide Office for Suicide Prevention that are specified in lines 34-62 and 92-140 and the Suicide Prevention Coordinating Council that are specified in lines 151-200 appear to be major statewide endeavors requiring extensive resources. The bill does not provide for these resources.

The bill specifies on lines 68-88 the qualifications that are to be considered by the director of the Office of Drug Control when hiring a coordinator for the newly-created Statewide Office for Suicide Prevention. There is nothing in the bill that prevents an individual who does not meet those standards from being hired for the position.

The bill contains multiple reporting requirements to the Governor and the Legislature (lines 96-103, 103-109, and 194-200). It is difficult to determine whether these multiple reports are conflicting or duplicative.

The coordinating council and the interagency workgroup created by the bill have a number of the same members in common, with the workgroup members appearing to be a "subset" of the council members. It is unclear whether it is necessary for these members to wear "two hats."

The bill provides for no representation on either the council or workgroup from the Agency for Persons with Disabilities.

Section 20.052, F.S. provides that an advisory body, commission, board of trustees, and other collegial body may not be created or reestablished unless, among other things, its powers and responsibilities conform with the definitions for governmental units in s. 20.03 and, its members, unless expressly provided otherwise in the State Constitution, are appointed for 4-year staggered terms. Provisions of the bill do not meet these two statutory requirements.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

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A bill to be entitled

An act relating to suicide prevention; creating s. 397.3335, F.S.; creating the Statewide Office for Suicide Prevention in the Office of Drug Control; providing the goals and objectives of the office; creating the position of statewide coordinator for the statewide office, contingent upon a specific appropriation; specifying the education and experience requirements for the position of coordinator; detailing the duties and responsibilities of the coordinator; authorizing the Statewide Office for Suicide Prevention to seek and accept grants or funds from any source to support its operation; creating s. 397.3336, F.S.; creating the Suicide Prevention Coordinating Council within the Office of Drug Control; providing the scope of activities for the coordinating council; creating an interagency workgroup for state agencies within the coordinating council in order to coordinate state agency plans for suicide prevention; authorizing the coordinating council to assemble an ad hoc committee to advise the coordinating council; requiring a report to the Governor and Legislature; providing for membership on and meetings of the coordinating council; providing per diem and travel expenses for coordinating council members; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 397.3335, Florida Statutes, is created to read:

397.3335 Statewide Office for Suicide Prevention.--

(1)(a) The Statewide Office for Suicide Prevention is created in the Office of Drug Control within the Executive Office of the Governor.

(b) The statewide office shall develop a network of community-based programs to improve suicide prevention initiatives. The network shall identify and work to eliminate barriers that impede providing suicide prevention services to individuals who are at risk of suicide.

(c) The network of community-based programs shall consist of stakeholders advocating suicide prevention, including, but not limited to, not-for-profit suicide prevention organizations, faith-based suicide prevention organizations, law enforcement agencies, first responders to emergency calls, suicide prevention community coalitions, schools and universities, mental health agencies, substance abuse agencies, health care providers, and school personnel.

(2) The statewide office shall, within available resources:

(a) Implement the statewide plan prepared by the Suicide Prevention Coordinating Council.

(b) Build a network of community-based programs to integrate suicide prevention initiatives into program activities.

(c) Increase public awareness concerning topics relating to suicide prevention.

(d) Coordinate education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, health care providers, school employees, and other persons who may have contact with persons at risk of suicide.

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59 (e) Direct an interagency workgroup within the Suicide
60 Prevention Coordinating Council to prepare a suicide prevention
61 communication plan among state agencies. The communication plan
62 must be incorporated into the council's statewide plan.

63 (3) Contingent upon a specific appropriation, the director
64 of the Office of Drug Control shall employ a coordinator for the
65 Statewide Office for Suicide Prevention. In selecting the
66 coordinator, the director of the Office of Drug Control should
67 consider whether a candidate has:

68 (a) The following education and employment experience:

69 1. A bachelor's degree in social work, psychology,
70 sociology, counseling, public health, or a closely related field
71 and 5 or more years of work experience in behavioral health care
72 or a closely related field.

73 2. A master's or a doctoral degree in social work,
74 psychology, sociology, counseling, public health, or a closely
75 related field and 2 or more years of work experience in
76 behavioral health or a closely related field.

77 (b) The following skills:

78 1. Significant professional experience in social services,
79 mental health, or a closely related field.

80 2. Knowledge of group behavior and dynamics, methods of
81 facilitation, community development, behavioral health treatment
82 and prevention programs, and community-based behavioral health
83 problems.

84 3. Experience in working with community groups and
85 constituents that are diverse and representative of the gender,
86 ethnic, and racial populations in this state.

87 4. Experience in writing grant proposals and technical

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reports.

(4) The coordinator shall work under the direction of the director of the Office of Drug Control to achieve the goals and objectives set forth in this section. The coordinator shall:

(a) Facilitate an interagency workgroup within the Suicide Prevention Coordinating Council to integrate state agency programs for suicide prevention into a unified statewide plan.

(b) Review local, state, and national suicide prevention programs for examples of innovative suicide prevention models. If innovative models are discovered, the coordinator shall prepare a report to describe the feasibility of implementing some or all of the innovative models in this state. The report must be filed with the President of the Senate, the Speaker of the House of Representatives, and the Suicide Prevention Coordinating Council after review and approval of the report by the director of the Office of Drug Control. The innovative models, and the feasibility of their implementation in this state, shall be evaluated by the Suicide Prevention Coordinating Council, which shall file a report with the President of the Senate, the Speaker of the House of Representatives, and the Governor if the council determines that legislation is necessary to implement an innovative model.

(c) Develop and maintain an Internet website with links to appropriate suicide prevention resource documents, suicide hotlines, state and community mental health agencies, and appropriate national suicide prevention organizations.

(d) Identify and disseminate information regarding crisis services for suicide prevention.

(e) Join with stakeholders in suicide prevention to develop

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public awareness and media campaigns in each county directed
towards persons who are at risk of suicide.

(f) Provide technical assistance to educational activities
for residents of this state relating to suicide prevention.

(g) Cooperate with school districts to develop training and
counseling programs for school-based suicide prevention
activities. The coordinator and school districts must also
develop a method by which to evaluate each prevention training
and counseling program.

(h) Join with stakeholders in suicide prevention to develop
education and training programs for suicide prevention. The
education and training programs must be directed first to persons
who have face-to-face contact with individuals who may be at risk
of suicide. The training must assist persons to recognize when an
individual is at risk of suicide and how to properly refer those
individuals to treatment or support services.

(i) Review current research data and findings to identify
at-risk populations, factors relating to suicide, and suicide
prevention activities and disseminate this research to the
Suicide Prevention Coordinating Council to develop strategies for
preventing suicide.

(j) Develop and submit proposals to agencies of the state,
the Federal Government, and nongovernmental organizations for
funding suicide prevention activities.

(5) The Statewide Office for Suicide Prevention may seek
and accept grants or funds from any federal, state, or local
source to support its operation and defray the expenses incurred
in its operation and implementation.

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Section 2. Section 397.3336, Florida Statutes, is created to read:

397.3336 Suicide Prevention Coordinating Council; creation; membership; duties.--There is created within the Office of Drug Control a Suicide Prevention Coordinating Council. The council shall develop strategies for preventing suicide.

(1) SCOPE OF ACTIVITY.--The Suicide Prevention Coordinating Council is a coordinating council as defined in s. 20.03(9) and shall:

(a) Advise the Statewide Office for Suicide Prevention regarding the development of a statewide plan for suicide prevention, with the guiding principle being that suicide is a preventable problem. The statewide plan must:

1. Align and provide direction for statewide suicide prevention initiatives.

2. Establish partnerships with state and private agencies to promote public awareness of suicide prevention.

3. Address specific populations in this state who are at risk for suicide.

4. Improve access to help individuals in acute situations.

5. Identify resources to support the implementation of the statewide plan.

(b) Create an interagency workgroup within the council in order to incorporate state agency plans for suicide prevention into the statewide plan. The interagency workgroup must include, but need not be limited to:

1. The Secretary of Elderly Affairs, or his or her designee.

2. The Secretary of Health, or his or her designee.

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3. The Commissioner of Education, or his or her designee.

4. The Secretary of Health Care Administration, or his or her designee.

5. The Secretary of Juvenile Justice, or his or her designee.

6. The executive director of the Department of Law Enforcement, or his or her designee.

7. The Secretary of Children and Family Services, or his or her designee.

8. The Secretary of Corrections, or his or her designee.

9. The executive director of the Department of Veterans' Affairs, or his or her designee.

10. The director of the Agency for Workforce Innovation, or his or her designee.

(c) Assemble an ad hoc advisory committee with membership from outside the council when necessary in order for the council to receive advice and assistance in carrying out its responsibilities.

(d) Advise the Statewide Office for Suicide Prevention.

(e) Make findings and recommendations regarding suicide prevention programs and activities. The council shall prepare an annual report and present it to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2007, and each year thereafter. The annual report must describe the status of existing and planned initiatives identified in the statewide plan for suicide prevention and any recommendations arising therefrom.

(2) MEMBERSHIP.--The Suicide Prevention Coordinating Council shall consist of 25 members.

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(a) Eleven members shall be appointed by the director of the Office of Drug Control and shall represent the following organizations:

1. The Substance Abuse and Mental Health Corporation, Inc., described in s. 394.655.
2. The Florida Association of School Psychologists.
3. The Florida Sheriffs Association.
4. The Suicide Prevention Action Network USA.
5. The Florida Initiative for Suicide Prevention.
6. The Florida Suicide Prevention Coalition.
7. The Alzheimer's Association.
8. The Florida School Board Association.
9. Volunteer Florida, Inc.
10. Florida AARP.
11. The Florida Alcohol and Drug Abuse Association.

(b) The following state officials shall be appointed to the coordinating council:

1. The Secretary of Elderly Affairs, or his or her designee.
2. The Secretary of Health, or his or her designee.
3. The Commissioner of Education, or his or her designee.
4. The Secretary of Health Care Administration, or his or her designee.
5. The Secretary of Juvenile Justice, or his or her designee.
6. The Secretary of Corrections, or his or her designee.
7. The executive director of the Department of Law Enforcement, or his or her designee.
8. The executive director of the Department of Veterans'

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Affairs, or his or her designee.

9. The Secretary of Children and Family Services, or his or her designee.

10. The director of the Agency for Workforce Innovation, or his or her designee.

(c) The Governor shall appoint four additional members to the coordinating council. The appointees must have expertise critical to the prevention of suicide or represent an organization that is not already represented on the coordinating council.

(d) Council members shall be appointed to terms of 4 years each. Any vacancy on the coordinating council shall be filled in the same manner as the original appointment, and any member appointed to fill a vacancy occurring because of death, resignation, or ineligibility for membership shall serve only for the unexpired term of the member's predecessor. A member is eligible for reappointment.

(e) Members of the coordinating council shall serve without compensation. Any member of the coordinating council who is a public employee is entitled to reimbursement for per diem and travel expenses as provided in s. 112.061.

(3) MEETINGS.--

(a) The director of the Office of Drug Control shall be a nonvoting, ex officio member of the coordinating council and shall act as chair.

(b) The coordinating council shall meet at least quarterly or upon the call of the chair. The council meetings may be held via teleconference or other electronic means.

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260 (c) Public organizations shall participate and cooperate
261 with the coordinating council.
262 Section 3. This act shall take effect July 1, 2006.